DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 601 East 12th Street, Suite 235 Kansas City, Missouri 64106



Division of Medicaid and Children's Health Operations

September 11, 2009

Refer to: DMCH: BC IA SPA 09-004

Charles Krogmeier, Director Department of Human Services Hoover State Office Building 1305 East Walnut, 5th Floor Des Moines, Iowa 50319 – 0119

Dear Mr. Krogmeier:

On June 15, 2009, the Centers for Medicare & Medicaid Services (CMS) received lowa's state plan amendment (SPA), transmittal #09-004, which requests revisions to the State plan regarding coverage of newborns under Section 1902(e)(4). This revision implements changes in federal law as specified in CHIPRA (Public Law 111-3) at Section 113(b)(1) to eliminate the requirement that a child born to a Medicaid-eligible woman must continue to live with the mother and that the mother must continue to be eligible for Medicaid (or would remain eligible if pregnant) in order for the infant to qualify under this section.

Based on the revisions provided, we are pleased to inform you that SPA 09-004 is approved effective April 1, 2009. Enclosed is a copy of the CMS 179 form as well as the approved pages for incorporation into the Iowa State plan. If you have any questions regarding this amendment, please call Barbara Cotterman at (816) 426-5925.

Sincerely

James G. Scott
Associate Regional Administrator
for Medicaid and Children's Health Operations

Enclosure

cc: Jennifer Vermeer

Alisa Horn Susan Trotter

CENTERS FOR MEDICARE & MEDICAID SERVICES	CMD NO. 0330-0193			
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2. STATE 0 9 0 0 4 IOWA 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL			
FOR, CERTERS FOR MEDICARE & MEDICARD SERVICES	SECURITY ACT (MEDICAID)			
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES	4. PROPOSED EFFECTIVE DATE			
DEPARTMENT OF HEALTH AND HUMAN SERVICES	501y-1, 2009 - April 1,2009			
5. TYPE OF PLAN MATERIAL (Check One)				
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	SIDERED AS NEW PLAN			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AME				
6. FEDERAL STATUTE/REGULATION CITATION	7. FEDERAL BUDGET IMPACT a. FFY 2009 \$312.076 1,235,090			
1902 (e)(4) of the Act&CHIPRA Pub.L. 111-3, sec. 113(b)(1	b. FFY <u>2010</u> \$ <u>4,993,219</u>			
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 2.2-A, Pages 6 and 25			
Attachment 2.2-A, Pages 6 and 25				
10. SUBJECT OF AMENDMENT				
Newborn policy is revised to implement a federal law char Medicaid-eligible woman must continue to live with the ma Medicaid (assuming she were still pregnant) in order for	other and that the mother must continue to be eligible for			
11. GOVERNOR'S REVIEW (Check One)				
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED			
12. SIGNATURE OF STATE AGENCY OFFICIAL	16. RETURN TO Charles J. Krogmeier			
13. TYPEQ NAME) Charles J. Krogmeier	Director Department of Human Services			
14. TITLE	1305 East Walnut, 5th Floor Des Moines, IA 50319-0114			
Director	Des Moines, IA 50319-0114			
15. DATE SUBMITTED				
FOR REGIONAL O				
17.DATE RECEIVED June 15, 2009	18. DATE APPROVED September 11, 2009			
PLAN APPROVED - O	NE COPY ATTACHED ()			
19. EFFECTIVE DATE OF APPROVED MATERIAL	20. SIGNATURE OF REGIONAL OFFICIAL			
April 1, 2009 21.TYPEDNAME	22. III MEASS OP Cate Regional Administrator			
	Medicald & Children's Health Operati			
23. REMARKS				
* Pen and Ink changes per e-mail with	h State			
	<u> </u>			

Revision:

HCFA-PM-92-1 February 1992 (MB)

ATTACHMENT 2.2-A

Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

	State:			Iowa
	COVERAGI	AGE AND CONDITIONS OF ELIGIBILITY		
Citation(s)		Groups Covered		
	A.			Coverage – Categorically Needy and Other pecial Groups (Continued)
1902(e)(4) of the Act		12.	receiv. The cl	d born to a woman who is eligible for and ing Medicaid on the date of the child's birth. a hild is deemed eligible for one year from birth as the child remains an Iowa resident.
42 CFR 435.120		13. Aged, blind and disabled individuals assistance.		blind and disabled individuals receiving cash nce.
			☑ a.	Individuals receiving SSI.
				This includes beneficiaries' eligible spouses and persons receiving SSI benefits pending a final determination of blindness or disability or pending disposal of excess resources under an agreement with the Social Security Administration; and beginning January 1, 1981, persons receiving SSI under section 1619(a) of the Act or considered to be receiving SSI under section 1619(b) of the Act.
				☑ Aged
				☑ Blind
				☑ Disabled

TN No.	MS-09-004				
Supersedes		Approval Date	SEP 1 1 2009	Effective Date	APR 0 1 2009
TN No.	MS-92-13			•	

Revision: HCFA-PM-91-4

August 1991

(BPD)

ATTACHMENT 2.2-A

Page 25 OMB NO.: 0938-

		State:				Iowa
Agency*	Citation(s)		Groups Covered			
		C.	<u>Opti</u>	ional	Co	verage of Medically Needy (Continued)
Medicaid			4.			
Medicaid	42 CFR 435.308		5.	\square	a.	Financially eligible individuals who are not described in section C. 3. above and who are under the age of:
						 ☑ 21 ☐ 20 ☐ 19 ☐ 18 or under age 19 who are full-time students in a secondary school or in the equivalent level of vocational or technical
					b.	Reasonable classifications of financially eligible individuals under the ages of 21, 20, 19, or 18 as specified below:
						 □ (1) Individuals for whom public agencies are assuming full or partial financial responsibility and who are: □ (a) In foster homes (and are under
						the age of). □ (b) In private institutions (and are under the age of).

*Agency that determines eligibility for coverage.

TN No. MS-09-004 Approval Date SEP 1 1 2009 Effective Date APR 0 1 2009 Supersedes TN No. MS-91-46